## REPORTING REQUIREMENTS BY LICENSEES TO THE STATE DEPARTMENT OF SOCIAL SERVICES

Please mail the following reports to:

I. This outlines information which must be reported to the licensing agency for the following facility types: Residential Care Facilities for the Elderly, Child Care Centers, Group Homes, Small Family Homes, Adult Residential, Adult Day Care, Social Rehabilitation Centers and Adult Day Support Centers.

LICENSEES SHOULD REFER TO THE CITED REGULATIONS FOR DETAILS OF THE REQUIREMENTS AND FOR DUE DATES. Some reporting requirements can be satisfied by the completion and submission of a licensing form. The number of the licensing form is provided for your convenience. These forms may be obtained from the CDSS Warehouse using a Child Care/Residential Care Facilities order form request (LIC 183 or LIC 183A) or from your licensing agency.

	REQUIREMENT	GENERAL REGULATION NUMBER	RESIDENTIAL CARE FACILITY FOR THE ELDERLY REGULATION NUMBER	FORM NUMBER IF ANY
А. В.	Criminal record clearance. Child abuse index check.  Water supply clearance (bacteriological analysis - private water supply).	101170(c)(1)(2) 101212(e)(3)(B) 80019(c)(1)(2) 80061(c)(3)(B)	87219	FD 258 CCL LIC 9163 LIC 198A LIC 508
C.	Bonding	101172(a)(2) 80021(a)(2)	87691 (e)(1)(A)	
D.	Safeguards for client cash resources	80025	87226	LIC 402
	Safeguards for personal property and valuables	80026(c)-(1)	87227	LIC 405*
	Accounting record for change of licensee	(d)(e)(k)(l)	87227	LIC 621
E	Submission of a new application	(m)	87227	LIC 424
	Change in facility location	80018, 80034, 101169	87218, 87235	LIC 200 or LIC 200A
	Change of licensee	(a)(1)	87235	LIC 200 or LIC 200A
	Changes in corporation	(a)(2)	87235	LIC 200 or LIC 200A
E.	Change in terms of license Unusual incident/injury/death	(a)(2), 80061(c)(1)	87235	LIC 200 or LIC 200A
G	Change of mailing address	(a)(3)(4)(5), (a)(3)(4)(5)	87235	LIC 200 or LIC 200A
Н	Change of chief executive office	80061(b), 101212(d)	87561	LIC 624* LIC 624*A
1.	Change in plan of operation	(c)(2), (e)(2)	87117	
J.	Construction or alterations to facilities	(c)(3), (e)(3)	87560	
	Condition of diterations to identities	(c)(4), (e)(4)	87222	
		101237(a) 80086(a)	87686	

II. The chart below outlines facility type requirements which must be reported in addition to the requirements outlined in Section I, above.

REQUIREMENT	REGU NU	JLATION FACILITY MBER	TYPE FORM NUMBER IF ANY
Change of Director	101212(b)	Child Care Centers	FD-258, LIC 198A, LIC 308, LIC 501*, LIC 508, LIC 9163
Change of Administrator	84061(e)	Group Homes	FD-258, LIC 198A, LIC 308, LIC 501*, LIC 508, LIC 9163
	85061(b)	Adult Residential	FD-258, LIC 308, LIC 501*, LIC 508, LIC 9163
	87563	Res. Care Fac. for Elderly	FD-258, LIC 308, LIC 501*, LIC 508, LIC 9163
Eviction of any resident	80068.5	Adult Residential, Social Rehabilitation	
	87589	Res. Care Fac. For Elderly	
Structural changes reducing space	101212(c)	Child Care Centers	
Licensee(s) absence	83061(b)	Small Family Homes	
Changes in family composition	83061(c)	Small Family Homes	
Unexplained absence of child	83061(d)	Small Family Homes	
Bedridden Resident	87582	Res. Care Fac. For Elderly	

<sup>\*</sup> Other verifying documents may be substituted for these "LIC" forms.